

## Interagency Contract Application for Driver Information

Use this form to obtain access to the Department of Licensing (DOL) abstract driver record (ADR) database. We will only release information to you in accordance with the Federal Driver Privacy Protections Act (DPPA) and Washington state law. The DPPA restricts redisclosure of personal information obtained from driver records.

Send this completed form to: Programs & Services – Contracts MS: 48111, Department of Licensing, PO Box 9030, Olympia, WA 98507.

For additional information, email us at PSDCPCONTRACTS@dol.wa.gov.

1 Agency inform	nation				
TYPE or PRINT Name of government entity		Contact	name	Date	
(Area code) Telephone number	er (Area code) Fax number		Email		
Physical address (Address, C	ity, State, ZIP code)				
Mailing address, if different the	an above (Address, City, State, ZIP cod	de)	_		
Business description – Provid	le a detailed explanation of your primar	ry business acti	vity		
2 Purpose of da	ata request				
Answer the following – attach		nformation.			
2. What authority per	rmits your use of the data?	Be specific	c and include federal or state laws.		
3. What do you inten	nd to do with the information	า?			
	e or sell the information to a will you provide the informat		e?	…□ Yes □ No	
5. What data elemen	its are you requesting? Hov	w frequentl	y will you need the information and for how	long?	
I certify under penalty	of perjury under the laws o	of the state	of Washington that the foregoing is true an	d correct.	
			<u> </u>		
Date and place signed			Contract manager signature		
Title			Printed name		
Federal Driver Privacy RCW 46.52.130; 42.56	Protection Act (DPPA) 18	U.S.C. §27	21 through §2725		
		Office	Use Only		
Application received (date)	Received by (Driver Services)		Action taken  Approved Denied Date applicant notified_		